



## ***FY2004 Application***

### **ArtsStart!**

**Intent to Apply Deadline: None Required**

**Deadline: At least 30 days prior to residency start date**

Please refer also to the Guidelines/Instructions for this program. You may skip lines marked N/A.

1. First Name N/A
2. Organization's Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. City \_\_\_\_\_
5. State \_\_\_\_\_ 6. Zip Code - plus 4: \_\_\_\_\_
7. County \_\_\_\_\_
8. Organization's District Name \_\_\_\_\_
9. Organization's District Number \_\_\_\_\_
10. Organization's Phone Number \_\_\_\_\_
11. Fax Number \_\_\_\_\_
12. E-mail Address \_\_\_\_\_
13. Web Address http:// \_\_\_\_\_
14. Legislative District Number of Applicant:  
U.S. Congressional District #: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6  
Representative's Name: \_\_\_\_\_  
Senators: Jim Bunning (R) / Mitch McConnell (R)  
KY Senate District #: \_\_\_\_\_  
Senator's Name: \_\_\_\_\_  
KY House District #: \_\_\_\_\_  
Representative's Name: \_\_\_\_\_

*If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to this web site: [www.vote-smart.org/index.phtml](http://www.vote-smart.org/index.phtml) or call your County Clerk's office for this information.*

#### **KAC Staff Use Only**

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| 1. FY <b>2004</b> _____   | 7. Grantee Race _____        | 13. • AIE Percent _____     |
| 2. App. # _____           | 8. # Youth Benefit _____     | • AIE Description _____     |
| 3. C-List # _____         | 9. Project Disc. _____       | 14. Proj. Descriptors _____ |
| 4. App. Status _____      | 10. Activity _____           | 15. Date Rcvd. _____        |
| 5. App. Institution _____ | 11. Project Race _____       |                             |
| 6. App. Discipline _____  | 12. Grant Program <u>AST</u> |                             |

15. Director's Name \_\_\_\_\_
16. Director's Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. \_\_\_\_\_
17. Contact Individual's Name \_\_\_\_\_
18. Contact Individual's Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. \_\_\_\_\_
19. Residency Title (*short phrase*) \_\_\_\_\_
20. Proposed Beginning Date (*month/day/year*) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
21. Proposed End Date (*month/day/year*) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
22. Amount Requested (*check one*) ☐ \$525 ☐ \$1050
23. Match Amount (*check one*) ☐ \$275 ☐ \$ 550
24. Residency Length ☐ 20 Sessions ☐ 40 Sessions
25. Residency Artist's Name \_\_\_\_\_
- Address \_\_\_\_\_
- City/State/Zip Code \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Email Address \_\_\_\_\_
- Social Security Number \_\_\_\_\_
- On KAC Arts Education Roster? YES ☐ NO ☐
26. Number of Individuals who will Benefit from this Project \_\_\_\_\_ Children \_\_\_\_\_ Adults
27. Residency Discipline (*visual arts, music, dance, etc.*) \_\_\_\_\_
28. Total KAC Funding Received Last Year (*all categories*) \$ \_\_\_\_\_
29. Grantee Race/Ethnicity:

*Organizations should choose the **one** code that best represents 50% or more of their staff or board or membership (not audience). Choose **one** below:*

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native    | <input type="checkbox"/> Asian                  |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> White                  |

30. Activity Race/Ethnicity:

*If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed below, choose that group from the list. If the grant or activity is not designed to represent or reach any one particular group, choose "No Single Group". Choose **one** below:*

- |   |  |
|---|--|
| <input type="checkbox"/> Asian Individuals                            | <input type="checkbox"/> Black/African American Individuals        |
| <input type="checkbox"/> Hispanic/Latino Individuals                  | <input type="checkbox"/> American Indian/Alaska Native Individuals |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander Individuals | <input type="checkbox"/> White Individuals                         |
| <input type="checkbox"/> No Single Group                              |  |

31. Applicant Institution \_\_\_\_\_ (*Insert ONLY ONE Category Code Number on this line*)

- |                       |                               |
|-----------------------|-------------------------------|
| 19] School District   | 25] Other School (Pre-school) |
| 21] School Elementary | 50] Social Service (FRC's)    |
| 22] School Middle     | 99] None of the above         |
| 23] School Secondary  |                               |

32. Applicant Status \_\_\_\_\_ (*Insert ONLY ONE Status Code Number on this line*)

- |                               |                            |                         |
|-------------------------------|----------------------------|-------------------------|
| 02] Organization - Non-Profit | 07] Government - County    | 09] Government - Tribal |
| 05] Government - State        | 08] Government - Municipal | 99] None of the Above   |
| 06] Government - Regional     |                            |                         |

*(Schools will generally be in the following categories: **02] Organization - Non-Profit**, for a private school; **07] Government - County**, for a county school; and **08] Government - Municipal**, for a city school).*

## ***Residency Budget***

If these figures correspond to your residency budget, you do not need to provide additional budget information. The school may have additional residency expenses, such as supplies, however, these do not need to be included in this application. If the residency budget will vary significantly from the basic budgets below, please attach a budget that details income and expenses and provides budget notes where appropriate.

The basic residency budgets are as follows:

	<b>20 session Residency</b>	<b>40 session</b>
<b>Residency</b>		
<b>INCOME</b>		
Kentucky Arts Council grant request	\$525	\$1,050
School's Match	275	550
<b>Total Income</b>	<b>\$800</b>	<b>\$1,600</b>
<b>EXPENSES</b>		
Residency Artist's Fee	\$800	\$1,600
<b>Total Expenses</b>	<b>\$800</b>	<b>\$1,600</b>

## ***Instructions for Completing Narrative***

To assist panelists in reading your application, duplicate the heading of each subject and performance expectation. For example, type "**Description of the Early Childhood Organization**" before your response to that item. Place the organization's name and the words "ArtsStart!/Application" in the upper right-hand corner of each page.

## ***Narrative Outline***

Please respond to the Introduction and each of the Performance Expectations below on a total of two single-sided pages or less. Include complete information on each bulleted item when writing your narrative.

### ***Introduction***

#### **Description of the Early Childhood Organization**

- Briefly describe your organization, including history, programs and accomplishments
- Briefly describe your organization's role in your community

#### **Description of the Project**

- Briefly describe the residency plan for which you are requesting support

### **Performance Expectations**

Your application will be reviewed using the following performance expectations:

#### **1. Planning and Implementation (45%)**

- Demonstrate artistic excellence by artist's support materials (if artist is on the KAC Arts Education roster, no support materials are required)
- Describe strategies to encourage staff, students, parents and artists to participate in the creative process as part of the residency
- Describe strategies to use professional development to teach staff and parents to employ the arts to support student learning
- Describe strategies to engage students in the hands-on creation of art
- Describe strategies for promoting awareness of the value of arts education and arts in education

#### **2. Gathering and Responding to Evidence (35%)**

*An important goal of the residency is long-term impact on all participants. To assess that impact, you will gather evidence throughout the planning, implementation, and follow-up to the residency to determine progress, and to learn about and improve upon the work being done. Effective assessment will include a combination of quantitative (measured by quantity or amount) and qualitative (measured by quality or kind) measures.*

- \* *Measurement of student engagement in the hands-on creation of art may include anecdotal observation, photo documentation, student journaling, etc.*
- \* *Measurement of staff and parent involvement in the creative process and measurement of their increased ability to use the arts to support student learning may include:*

- *quantitative data of the number of parents who came into the classroom, attended events, or responded to requests for at-home involvement, etc.*
- *qualitative measurement such as interviews, anecdotal observation, open-ended surveys, etc.*
- \* *Documentation of activities to promote awareness of the value of arts education and arts in education may include examples of media coverage, letters home to parents, etc.*
  - Describe the process and tools you will use to gather ongoing data about the impact of the residency on all participants (increased participation, abilities, and awareness of the value of arts education and arts in education)
  - Describe how participants will share and respond in an ongoing basis throughout the residency
  - Describe how staff will use knowledge gained during the residency to utilize the arts in instruction after the artist leaves

### **3. Diversity and Access (20%)**

- Describe how the residency will work to increase understanding of and appreciation for diversity (see KAC Values Statement) within the school and community
- Demonstrate an understanding of disabilities which may be encountered and describe strategies to ensure that everyone is served

## ***Application Checklist***

### **Include this application checklist as the first page of your application package**

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following mandatory information:

**One signed original:**

- ☐ ArtsStart! Grant Application and narrative

**One copy of the following:**

- ☐ Supporting Materials (résumé, work samples, bio, etc.) for the residency artist(s) ***if*** not currently on KAC Arts Education Roster

**If you would like acknowledgement of receipt of your application and return of any support materials please enclose the following:**

- ☐ Self addressed, **AND** stamped #10 envelope for acknowledgement of receipt.
- ☐ Self-addressed, **AND** stamped mailer for return of supporting materials.

## ***Applicant Signatures***

*I certify that I am legally authorized to submit this application on behalf of the applicant organization and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in RED ink.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*All signatures must be in RED ink.*

Applicant (Type Name) \_\_\_\_\_ Title \_\_\_\_\_

Artist Signature \_\_\_\_\_ Date \_\_\_\_\_  
*All signatures must be in RED ink.*

Artist (Type Name) \_\_\_\_\_

## ***Mailing Address for Completed Application***

Kentucky Arts Council  
 Old Capitol Annex  
 300 West Broadway  
 Frankfort, KY 40601-1980